

FACE SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

FEB 1 - 1961

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

FEB 1 - 1961

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: January 31, 1961

By: J. M. Nedemeyer

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

FEB 1 - 1961

At 3:10 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: Walter L. Tuttle

Assistant Secretary of State

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A-204.03 SPECIAL NEED FOR FOOD

A-204.03

Restaurant Meals

When circumstances require that the recipient eat all of his meals in restaurants, an additional \$31.50 monthly is allowed. When he eats some but not all of his meals in restaurants a lesser amount is allowed, depending upon individual circumstances.

Food Supplements

When a practitioner (see Sec. MC-014) recommends a food supplement, the cost of such supplement is allowed as special need. If the total monthly cost of recommended food supplements exceeds \$10, the county will review the diagnosis and treatment plan. Allowance in excess of \$10 in subsequent months is appropriate when review indicates such additional allowance is necessary.

Special Diets

When a practitioner recommends a special diet, the amount shown on the current SDSW Therapeutic Diet Schedule is allowed.

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These Regulations are designated to become effective March 1, 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-208

DETERMINATION OF NEED

Regulations

A-208

EVIDENCE OF SPECIAL NEED

A-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met;
2. The monthly cost and/or the total cost of the need;
3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household;
4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount will be determined monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

Special need allowance for food supplements as provided in Sec. A-204.03, may be included in the continuing grant for the period recommended by the practitioner, not to exceed six months, provided the practitioner submits a treatment plan which supports continuing need for such food supplements, in the monthly amount and for the period allowed.

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CONTINUATION SHEET
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B-204.03 SPECIAL NEED FOR FOOD - ANB-APSB

B-204.03

Restaurant Meals

If circumstances require that the recipient eat all of his meals in restaurants, an additional \$31.50 monthly is allowed. If he eats some but not all of his meals in restaurants, a lesser amount is allowed depending on the individual circumstances.

Food Supplements

If a practitioner (see Sec. MC-014) recommends a food supplement, the cost of such supplement is allowed as special need. If the total monthly cost of recommended food supplements exceeds \$10, the county will review the diagnosis and treatment plan. Allowance in excess of \$10 in subsequent months is appropriate if review indicates such additional allowance is necessary.

Special Diets

If a practitioner recommends a special diet, the amount shown on the current SDSW Therapeutic Diet Schedule is allowed.

B-208 EVIDENCE OF SPECIAL NEED - ANB-APSB

B-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met
2. The monthly cost and/or the total cost of the need
3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household
4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount, will be redetermined monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

Special need allowance for food supplements, as provided in Sec. B-204.03, may be included in the continuing grant for the period recommended by the practitioner, not to exceed six months provided the practitioner submits a treatment plan which supports continuing need for such food supplements, etc., in the monthly amount and for the period allowed.

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Regulations

DETERMINATION OF NEED

C-20

C-205

SPECIAL NEED FOR MEDICAL CARE

C-205

Medical care considered in determining need includes the services of doctors, dentists, optometrists, nurses; clinic care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment.

The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

Exception: The cost of drugs, therapeutic preparations or food supplements not available through the Medical Care Fund is not allowed as a special need.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when:

1. There is an aid payment made for the month care is given.
2. Aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12).
3. Authorization of aid is decreased to zero to adjust for overpayment as provided in Sec. C-227.10.
4. An item of medical care included in the fund, or a portion of the cost of such care, is not met by a prepaid medical care plan to which the person belongs. In such cases the amount paid from the fund, when added to the amount available from the prepaid plan, shall not exceed the fee specified for the particular item of care in the schedule of maximum allowances (see Sec. MC-040). Persons covered by the fund, and also covered by prepaid medical care plans, must avail themselves of such resource even though the premiums may not be included as a special need.

Exception:

When eligibility exists only because of need for medical care of a type and for a person covered by the fund, i.e., the recipient's income is sufficient to cover all other needs, the cost of such care is allowed as a special need rather than paid from the fund.

(See Appendix Medical Care for coverage of Medical Care Fund.)

CONTINUATION SHEET
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D-172

DETERMINATION OF DISABILITY

Regulations

D-172

DETERMINATION OF PERMANENT AND TOTAL DISABILITY

D-172

The final decision as to whether a person is disabled within the meaning of Sec. D-171 is made by a State Review Team of physician and medical social worker. The county, however, has a significant responsibility for the accuracy of the ultimate decision.

The determination of disability is made from reports prepared by the county pursuant to Secs. D-172.20 through D-172.30. The examining physician, social caseworker, and in some cases, psychologists, have responsibilities in submitting evidence of disability. The county medical consultant has an enabling role as described in Sec. D-172.41.

D-172.10 MEDICAL EVIDENCE

D-172.1

A medical examination by a duly licensed practicing physician is required. Medical evidence shall include a history and response to any treatment. The examination must be sufficiently comprehensive to determine the extent and degree of the applicant's impairment or impairments. If laboratory work or X-rays are necessary, they shall be ordered by the physician and the results shall be included in his report.

The activity limitations which the impairment creates shall be included in medical evidence submitted by the physician in so far as practical and shall be complemented by information submitted by the social caseworker.

Where mental retardation or psychoneurotic or psychotic behavior is implicated as a major cause of disability, the county shall secure psychological or psychiatric examinations as needed.

When medical evidence submitted is insufficient to give the SDSW Review Team an adequate picture of the applicant's disability, the Team may request further medical information or more social history for a better understanding of the manner in which the impairment affects the client's functioning. When the former is requested, the county medical consultant shall assist the caseworker as may be indicated in approaching the examining physician for further information or in relation to securing an examination by a specialist.

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D-172.41 RESPONSIBILITIES OF COUNTY MEDICAL CONSULTANT

D-172.41

The county medical consultant shall be available to assist in:

1. Maintaining good relationships with the medical profession
2. Arranging medical examinations and securing information
3. Interpreting medical reports and their implications to casework staff
4. Instructing casework staff as to the symptoms of disabling conditions which are important for them to consider in interviewing the applicant
5. Arranging medical treatment if the examination reveals its necessity in the applicant's care or rehabilitation.

The county medical consultant will not make a finding of disability, but will help to secure adequate and relevant information upon which the State Review Team can act.

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CONTINUATION SHEET
DR FILING ADMINISTRATIVE REGULATION IS
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MC-031.1 SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATION

MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection. For OAS recipients only, denture repair and adjustment.

C. Drugs and Medical Supplies:

1. Drugs - Aid to Needy Children

For Aid to Needy Children recipients, drugs as prescribed by Doctors of Medicine, Osteopathy, Dentistry and Chiropody except alcoholic beverages, food supplements and nutritional and vitamin items.

2. Drugs - Old Age Security and Aid to the Blind

For Old Age Security and Aid to the Blind recipients any drug or injection administered or prescribed by Doctors of Medicine, Osteopathy, Dentistry or Podiatry and contained in Manual Secs. MC-031.2 and MC-031.3.

3. Medical Supplies - Aid to Needy Children

The following medical supplies if prescribed by a practitioner on Form MC-165:

- | | |
|---|-------------------------------|
| (1) Syringe and two (2) needles | (11) Bed pan |
| (2) Two (2) hypodermic needles | (12) Enema can |
| (3) Atomizer | (13) Feeding tube |
| (4) Nebulizer | (14) Ear and ulcer syringe |
| (5) Hot water bottle | (15) Urethral catheter |
| (6) Fountain syringe | (16) Gauze bandages |
| (7) Combination hot water bottle and fountain syringe | (17) Sterile pads |
| (8) Ice bag | (18) Adhesive tape |
| (9) Ice cap | (19) Sterile absorbent cotton |
| (10) Urinal | |

4. Medical Supplies - Old Age Security and Aid to the Blind

Cast materials, dressings and retention catheters when provided by a physician or emergency facility.

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MC-031.1

SCOPE AND LIMITATIONS

Regulations

MC-031.1 (Continued)

MC-031.1

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations or nurses in public agencies rendering home nursing to a maximum of five visits for any one illness.
- H. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.
- I. Refractions for Old Age Security Recipients and necessary repairs to eye appliances.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-MC

Rev. 303 replaces Rev. 279

Effective 3/1/61

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.6

MC-031.6 SERVICES AVAILABLE TO ALL RECIPIENTS, EXCEPT AID TO DISABLED,
WITH PRIOR AUTHORIZATION

MC-031.6

(See Sec. MC-031.5 for ATD)

1. Services for which prior authorization may be waived (MC-053.50)

- A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any other illness or beyond the 90th day from the first visit.
- B. Any service rendered by podiatrists.
- C. For Aid to Needy Children recipients only special medical supplies not listed in the schedule of maximum allowances, but required as a part of a specific treatment plan.
- D. Elective laboratory services other than urinalysis and blood counts.
- E. Elective radiological services.
- F. Services of private nurses, visiting nurse associations, or nurses in public agencies rendering home nursing in excess of five visits for any one illness.
- G. Dental care for children under 13 years of age as necessary to prevent tooth loss and maintain dental health. During the fiscal year beginning July 1, 1960, and ending June 30, 1961, such care may also be given to children aged 13 through 17 years.
- H. Complete histories and physical examinations by physicians.
- I. Services of physical therapists as prescribed by physicians.
- J. For OAS recipients all essential dental care necessary to restore and maintain adequate dental health pursuant to standards established by the Director of the SDSW.

2. Services for which prior authorization may not be waived.

- A. Services of rehabilitation facilities meeting the standards of the Vocational Rehabilitation Service.
- B. For Old Age Security recipients only, eye appliances listed in the Schedule of Maximum Allowances. (MC-053.50)

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-041

MC-041

SERVICES BY PUBLIC OR VOLUNTARY CLINICS AND TEACHING
FACILITIES

MC-041

Maximum payments allowable for services rendered in public, voluntary and teaching facilities are limited as follows:

1. Public hospitals: 75 percent of the allowances shown in the schedules of maximum allowances.

Exception: Public facilities which provide home nursing services shall charge either at actual cost, as determined by current cost analysis, or at the amount listed in the schedule of maximum allowances, whichever is lesser.

2. Teaching facilities not constituting a public hospital and nonprofit associations using donated services from community practitioners:

75 percent of the allowances shown in the schedules of maximum allowances except MC-040.3 (radiology), MC-040.4 (pathology) and MC-048 (physical therapy) for which services the maximum is 100 percent of the schedule.

3. Teaching facilities and nonprofit associations not using donated services from community practitioners:

100 percent of the allowances shown in the schedules of maximum allowances, provided the management of the facility or association has filed a certificate with the SDSW stating it does not use donated services.

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MC-045.1 REFRACTIONS AND EYE APPLIANCES

MC-045.1

For OAS recipients only, if a physician or optometrist recommends the use of eye appliances, the cost of refractions and of eye appliances is allowed not to exceed the maxima listed below.

More than one type of glasses is permitted if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

Lenses must be of a quality at least equal to Tillyer, Orthogon or Univis.

Pro. No.		
9505	Refraction - Initial	\$15.00
9506	Refraction - Follow-up. same practitioner, within six months	10.00
9510	Bifocal lenses (other than cataract) - each lens	10.00
9511	Single vision lenses (other than cataract) - each lens	5.00
9512	Bifocal cataract lenses - each lens	20.00
9513	Bifocal cataract lenses - each lens - Lenticular - Rose tint	27.50
9514	Bifocal cataract lenses - each lens - Lenticular - balance - Rose tint	13.75
9515	Single vision cataract lenses - each lens	10.00
9516	Single vision cataract lenses - each lens - Lenticular - Rose tint	13.75
9518	Tinted lenses - additional for each lens	2.00
9519	Prism - additional for each lens	2.00
9521	Trifocals (replacement only) other than cataract - per lens	15.00
9522	Slab-off (other than cataract) - additional for each lens	8.50
9530	Frames	10.00
	Artificial eyes	
9540	Plastic, stock - each	35.00
9541	Glass - each	15.00
9545	Corneal lenses for correction of keratoconus or other pathological conditions of the cornea wherein useful (i.e., 20/80) vision cannot be obtained with regular lenses - per pair	100.00
9549	Repairs	
	Cost is to be allowed in accordance with local community practice, not to exceed a reasonable amount as determined by the county.	

(Sales tax, where applicable, is added to the above maxima.)

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-046

MC-046

SCHEDULE OF MAXIMUM ALLOWANCES, DRUGS AND MEDICAL SUPPLIES

MC-046

No payment will be made in behalf of Old Age Security and Aid to the Blind recipients for drugs or medical supplies except for those items set forth in Secs. MC-031.1, MC-031.2 and MC-031.3.

No payment will be made in behalf of Aid to Needy Disabled recipients for drugs or medical supplies.

The pharmacist shall dispense the lowest cost item he has in stock meeting the requirements of the practitioner as shown on the prescription form.

All prescriptions for narcotics shall be accompanied by the required federal prescription form. No surcharge will be allowed for narcotic nor hypnotic prescriptions.

Prescriptions must be filled within seven days from the date of issue and are not refillable.

The maximum allowances for drugs and medical supplies shall not exceed the lesser of the usual retail selling price or the following amounts:

1. Drugs which may not be dispensed by the druggist under federal or state laws except upon prescription by a physician, dentist or chiropodist:

A. Noncompounded Drugs

1. The wholesale cost of the drug may be increased by an amount not to exceed 50 percent, plus
2. A single prescription fee of \$1.15 is allowed for each prescription.

B. Compounded Drugs

1. Any prescription containing two or more ingredients (not including therapeutically inert adjuncts), mixed by the pharmacist at time of dispensing, is a compounded prescription.
2. The cost of any prescription is the sum of the costs of the amounts of the ingredients actually dispensed plus the cost of the container.
3. The cost of materials is to be based on the wholesale cost.
4. The time-cost schedule (see Item 7) provides a professional fee for compounding, and has been calculated on the basis of \$5.75 per hour.
5. The selling price of the prescription shall be the cost of the ingredients and container plus 50 percent plus the appropriate fee provided in the time-cost schedule (see Item 7).

(Continued)

CALIFORNIA-SDSW-MANUAL-MC

Rev. 293 replaces

Rev. 182 and Issue 04-35

Effective 3/1/61

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MC-046

SCHEDULE OF MAXIMUM ALLOWANCES

Regulations

MC-046 (Continued)

MC-046

6. All compounded prescriptions shall be priced according to this schedule with no exception.

7. Time-Cost Schedule

CAPSULES AND PAPERS

6.....	\$1.30	30.....	\$2.50
12.....	1.45	36.....	2.80
15.....	1.70	40.....	3.00
18.....	1.85	50.....	3.55
20.....	1.95	60.....	4.10
24.....	2.10	100.....	5.60

OINTMENTS

min.....	\$1.35	4 oz.....	\$2.10
2 oz.....	1.75	6 oz.....	2.40
3 oz.....	1.90	8 oz.....	2.70
		16 oz.....	\$3.85

SUPPOSITORIES

min.....	\$2.10	36.....	\$3.70
18.....	2.50	50.....	4.80
24.....	2.90	100.....	8.25

NOSE AND EAR DROPS-SPRAYS

½ oz.....	\$1.15	2 oz.....	\$1.30
1 oz.....	1.20	4 oz.....	1.35

COLLYRIA

min.....	\$1.30	3 oz.....	\$1.30
		4 oz.....	\$1.50

EMULSIONS

min.....	\$1.35	12 oz.....	\$2.25
6 oz.....	1.70	16 oz.....	2.40
8 oz.....	1.80	32 oz.....	2.70

POWDER-BULK BY VOLUME

2 oz.....	\$1.15	8 oz.....	\$1.70
4 oz.....	1.35	12 oz.....	2.10
6 oz.....	1.55	16 oz.....	2.55
		32 oz.....	\$4.10

INTERNAL-EXTERNAL (Liquid)

min.....	\$1.00	8 oz.....	\$1.30
4 oz.....	1.15	12 oz.....	1.35
6 oz.....	1.20	16 oz.....	1.75
		32 oz.....	\$2.10

C. Minimum Charge and Adjustment to Nearer Five Cents

A minimum charge of \$1.20 may be made provided this does not exceed the usual retail price.

Total charges are rounded to the nearer five cents.

D. Definition of Wholesale Cost

The wholesale cost is the cost to the druggist or the cost listed in American Druggist Blue Book (American Druggist) or Drug Topics Red Book (Topics Publishing, Inc.) whichever is less.

2. Drugs which may be dispensed by the druggist under federal or state laws without a prescription:

- Fair trade items - the maximum payment to be made is the fair trade price.
- Items not classified as fair trade - The wholesale cost may be increased by an amount not to exceed 50 percent.

3. Medical Supplies:

- Fair trade items - The maximum payment to be made is the fair trade price.
- Items not classified as fair trade - The maximum is regular retail price less 10 percent.

Issue Rev.

CALIFORNIA-SDSW-MANUAL- MC

Rev. 294 replaces 04-36 and 140

Effective 3/1/61

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CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULA 45
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-047 NURSING SERVICES

MC-047

- | | |
|--|-------------|
| 1. Visit by nurse from Visiting Nurse Association or Public Agency at | actual cost |
| (as determined in a current cost analysis) the allowance not to exceed | \$4.50 |
| 2. Visit by private nurse | 4.50 |

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Regulations

S-200

S-100 RESPONSIBILITY FOR REPORTING

S-100

County welfare departments, public and private adoption agencies, child-placing agencies and other agencies and persons subject to provisions of W&IC 115 shall maintain information and shall submit required statistical reports as prescribed in the Handbook of Reporting Requirements by the Director of the Department of Social Welfare. Required statistical reports are:

S-200 REPORTS ON PUBLIC ASSISTANCE

S-200

Summary reports

Caseload Movement and Expenditures Reports (237 Series)
Reasons for Need Reports (254 Series)
Reasons for Discontinuance Reports (253 Series)
Medical Care Services and Expenditures Reports (260 Series)
Applications and Restorations Time Lapse Report (DPA 46)
Report on Overdue Reinvestigations (DPA 10)
Report on Unpaid Medical Care Statements (MC 180)
Wire Report on ANC and GR Requests

Case reports

Intake Social Data Reports (251 Series)
Medical Care Permanent Sample Reports (MC 259)
Medical Care Transfer Rate Reports (AB 264)
Public Assistance Caseload Characteristics Reports (PA 257)
Reports on Concurrent Receipt of Public Assistance Payments
and OASDI Benefits (262 Series)
Distribution of Payments Reports (265 Series)

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CALIFORNIA-SDSW-MANUAL- STAT

Issue 1

Effective 3/1/61

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S-300

Regulations

S-300

REPORTS ON ADOPTIONS

S-300

Summary reports

Applications and Homes Approved for Adoptive Placements - Relinquishment Program (ADOP 56A)
Adoption Placement Services - Relinquishment Program (ADOP 56C)
Independent Adoptions - County Agencies (ADOP 56D)
Adoption Services to Other Agencies (ADOP 56E)
Adoption Maternity Care (ADOP 56F)
Intercountry Adoptions Reports (AD 250 Series)

Case reports

Children Under Preplacement Study or Supervision for More Than Six Months - Free for Adoption at End of Six Months (AD 58)
Children Under Preplacement Study or Supervision for More Than Six Months - Not Free for Adoption at End of Six Months (AD 59)
Individual Record Card - Relinquishment Adoptions (ADOP 42-R)
Individual Record Card - Independent Adoptions (ADOP 42-I)
Adoption Maternity Care Case Report (AD 60)

S-400

REPORTS ON CHILD PLACEMENT SERVICES

S-400

Summary reports

Report on Children Under Foster Care (CPA 41)

Case reports

CPA Caseload Characteristics Report (CPA 257)

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S-900

S-500 REPORTS ON CHILD WELFARE SERVICES S-500

Summary report

Report on Child Welfare Services (CWS 9)

Case reports

CWS Caseload Characteristics Reports (CWS 257)

S-600 REPORTS ON LICENSING S-600

Summary reports

Report on Licensing of Boarding Homes for Aged (BHA 41)

Report on Licensing of Boarding Homes for Children (BHC 41)

Report on Foster Homes Approved for Exclusive Use by Private Child
Placing Agencies (BHC-41.1)Case reports

Licensing Caseload Characteristics Reports (BH 257)

S-900 OTHER REPORTS S-900

Summary report

Reports on Personnel in Public Welfare (19 Series)

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CALIFORNIA-SDSW-MANUAL- STAT

Issue 3

Effective 3/1/61

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F-1000 MEDICAL CARE FUNDS
(Sub-section A only)

F-1000

A. ADVANCES

SDSW will compute the amount to be advanced to counties each month. Amounts to be advanced for OAS, ANB, ANC, APSB and BHI will be estimated on the basis of past expenditure data. Amounts to be advanced for ATD will represent encumbrances for medical care authorized during the immediate prior month. A statement of cash advances for each program is forwarded to each county in advance of each month. All adjustments between the estimated and actual funds needed for ATD will be shown on the statement of advances for the first month of the second subsequent quarter.

F-1020 GOVERNMENT PARTICIPATION
(Sub-section A only)

A. SOURCE OF FUNDS

The state and federal governments will share equally in the expenditures from the Premium Deposit Fund for medical care for federally eligible recipients of Old Age Security, Aid to Needy Blind, Aid to Needy Children and Aid to Disabled. The state will bear the full cost for recipients of Aid to Potentially Self-supporting Blind and Aid to Needy Children in Boarding Homes and Institutions, and federally ineligible recipients of OAS, ANB, ANC and ATD.

(W&IC 4552)

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W&IC 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

October 25, 1960

DEPARTMENT BULLETIN NO. 591-B (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Dental Care to OAS Recipients
Added to Medical Care Fund
Services Effective
November 1, 1960

The dental regulations approved by the State Social Welfare Board September 29, 1960, and incorporated in Bulletin No. 591-A (MC) provided for "standards" established by the Director of the Department of Social Welfare.

The standards established by the Director are:

EXCLUDED DENTAL SERVICES:

1. Purely cosmetic care
2. Bridge work (fixed or unilateral removable)
3. Cast gold partials
4. Gold inlays
5. Immediate dentures

FULL AND PARTIAL DENTURES:

The construction of a full denture will be an allowable service where failure to do so would impair the patient's health.

1. The construction of a full or partial denture shall not be authorized where there are sufficient anterior teeth and there are eight (8) posterior teeth, periodontally sound, in good occlusion and position.
2. In upper replacements an acrylic partial with clasps may be authorized. In lower replacements an acrylic partial or a chrome cobalt casting with acrylic attachments may be authorized.
3. A partial denture may be constructed when indicated to meet mechanical requirements of function of an opposing full artificial denture.

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These Regulations are designated to become effective MAR 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Construction of new dentures will not be authorized if:

1. The patient has successfully masticated without dentures for a period of one year or more.
2. The dental history shows that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable (psychological, etc.).
3. The repair or relining of the recipient's present denture will make it serviceable.
4. The denture, in the patient's opinion only, is loose or ill fitting, but it is recently enough constructed to indicate deficiencies inherent in all dentures.

SPECIAL NOTE:

1. Maximum single denture repairs allowable, without prior authorization, two (2) per year.
2. Payment for a denture adjustment will be made when indicated but not to the participating dentist constructing the denture.
3. Crowns will not be authorized except for abutment teeth when necessary for the successful construction of a partial denture.
4. Only one examination fee per year per recipient will be paid to a dentist. No payment will be made for the examination of a denture patient on a maintenance basis.

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DEPARTMENT BULLETIN NO. 591-B (MC)
Page 2

These Regulations are designated to become effective MAR 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

October 24, 1960

DEPARTMENT BULLETIN NO. 593 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
COUNTY HEALTH OFFICERS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Nursing Services to Include
Public Agency Nurses
Effective November 1, 1960

Because the supply of home nursing service is less than the demand and in view of the importance of such care for better recipient health and reduced hospital stays, regulations will be revised to expand such services by including nurses from public agencies, i.e., county health departments and others, effective November 1, 1960.

Payment for public agency nurse services will be limited to home nursing which is neither available through VNA nor the responsibility of a public health department, such as instructional or demonstration services. These are historically considered to be part of a public health program.

The same prior authorization regulation, now effective for VNA, will apply to public agency nurses.

A home nursing visit is defined as a visit in which a therapeutic nursing procedure is utilized or service is given for remedial purposes in the presence of an illness or disabling condition. The requirement that service must be on order of the attending physician is not modified.

Payment for the service will be at actual cost as determined by current cost analysis or \$4.50 whichever is less. This is an exception to the 75 percent Regulation MC-041.

The provisions of this bulletin supersede any sections or portion of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

These Regulations are designated to become effective March 1, 1961

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J..M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

December 30, 1960

DEPARTMENT BULLETIN NO. 596 (OAS, AB, ATD, MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Notices to Recipients Regarding
Medical Care Program

The attached notices shall be sent to recipients of Old Age Security, Aid to the Blind and Aid to Disabled as an enclosure with the February 1961 warrant, or as a separate mailing before February 1, 1961.

An adequate supply in printed form of this one-time use notice is being forwarded to all counties.

Attachments

These Regulations are designated to become effective FEB 1 1961

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT INFORMATION FOR YOU

OAS and AB

It is important to you to read this notice.

On and after March 1, 1961, allowance cannot be made in your grant for any drugs which your doctor prescribes or recommends for you.

However, your druggist will be able to collect directly from the welfare department for most essential drugs which your doctor prescribes for you. Either your doctor or your druggist can tell you if the prescribed drug is one which can be paid for by the county welfare department.

Under some circumstances, allowance can still be made in your grant for the cost of vitamins and other food supplements recommended for you by your doctor. If your doctor recommends a food supplement for you, your social worker can tell you what allowance, if any, can be made for it in your grant.

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These Regulations are designated to become effective FEB 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IMPORTANT INFORMATION FOR YOU

ATD

On February 1, 1961, services under the Public Assistance Medical Care program will be available to you.

1. You will receive an identification card which will assist you in obtaining medical care.
2. A choice of clinics, doctors, dentists, or other practitioners of the healing arts will be permitted.
3. You may visit any dentist for treatment but only for the relief of pain and elimination of acute infection.
4. You may have drug prescriptions filled. You are cautioned, however, not to pay for prescriptions. The druggist will bill the welfare department for the prescribed drugs.
5. You may receive emergency and elective office surgery not requiring hospitalization and the services of a visiting nurse from the Visiting Nurse Association to a maximum of five visits for any one illness.

FOR FURTHER INFORMATION SEE YOUR SOCIAL WORKER

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These Regulations are designated to become effective FEB 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 1, 1961

DEPARTMENT BULLETIN NO. 598 (ATD and MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO JUVENILE COURT
CALIFORNIA PHYSICIANS' SERVICE

Subject: Additional Medical Care for
ATD Recipients, Effective
February 1, 1961

I. PURPOSE

The scope of Medical Care available to ATD recipients will be expanded effective February 1, 1961, to include practitioners' visits, ancillary services, drugs, and emergency dental care. Payment will be from the Medical Care Trust Fund.

In addition, the following services will be included in the expansion of Medical Care for ATD recipients on a project basis through September 30, 1961.

1. FIP, with some modification within its present scope and content. The ceiling on services will be raised from \$300 to \$400. Expenditures in excess of \$400 may be authorized only upon approval of the SDSW area office. The requirement for state authorization of FI services will be waived upon request of the county and approval of an alternate plan.
2. Rehabilitation services as provided for OAS recipients under Department Bulletin 594 and 594-A.
3. Necessary dental care, eye care, and eye appliances will be available only to ATD recipients receiving treatment under Item 2 above. Regulations and standards set forth for the OAS program will prevail. Dental care, other than emergency, eye care, and eye appliances will not be available to other ATD recipients at this time.

II. BACKGROUND

Funds have been accumulating in the ATD account of the Medical Care Fund. These funds now amount to approximately \$750,000. Since the inauguration of the Medical Care program, county welfare departments and others have urged the provision of the same basic medical care to ATD recipients as is

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CONTINUATION SHEET
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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

available to other public assistance recipients. The department conducted a study recently to determine the extent of unmet medical needs among ATD recipients.

As a result of the findings in this study, the department is making available the services for which there was found to be the greatest unmet need--physicians' services and drugs. In accordance with established policy, chiropractic outpatient service is available to those recipients who select it. In order not to handicap practitioners in their treatment of recipients, ancillary services also must be provided. It is anticipated that the \$6 premium deposit will be sufficient to meet these services on an ongoing basis.

The FI program and the additional service of rehabilitation care will be financed from the reserve accumulated in the Medical Care Fund and are time-limited through September 30, 1961, to insure control of expenditures and to enable planning for cessation of the program in an orderly manner.

III. SCOPE

Effective February 1, 1961, the following services will be available to ATD recipients:

1. Home and/or office visits from or to practitioners. (M.D., D.O., D.C.) (MC-031.1A-031.6-1A)
2. Emergency dental service, including extractions required for the relief of pain or the elimination of acute infection. More extensive necessary dental care will be available to those recipients receiving services supervised by an approved rehabilitation facility. (MC-031.1B)
3. Drugs and medical supplies. Any drugs or injections administered or prescribed by doctors of medicine, osteopathy, dentistry, or podiatry and contained in Manual Sections 031.2 and 031.3; cast materials, dressings and retention catheters when provided by a physician or emergency facility.
4. Laboratory, X-ray services and radiotherapy. (MC-031.1 D E, 031.6-1 D E, Bulletin No. (MC)
5. Emergency surgery services not requiring hospitalization under acceptable medical standards. (MC-031.1F) Elective Surgery (Bulletin No. MC)
6. Services of private nurses, visiting nurse associations, and nurses in public agencies. (MC-031.1.G, 031.6-1F)
7. Podiatry services (MC-031.6-1B)
8. Services of physical therapist as prescribed by a physician. (MC-031.6 1I

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Prior authorization requirements as set forth in MC-031.1, MC-031.6 will prevail in those counties where such a requirement is now applicable.

The provisions of this bulletin supersede any sections or portions of sections of the Medical Care Manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

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EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 2, 1961

DEPARTMENT BULLETIN NO. 599 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO JUVENILE COURT
CALIFORNIA PHYSICIANS' SERVICE

Subject: Elective Office Surgery and
Outpatient Radiotherapy for
OAS, AB, ATD and ANC Recipients,
Effective February 1, 1961

The scope of the Medical Care Fund will be expanded February 1, 1961, for Old Age Security, Aid to the Blind, Aid to Disabled and Aid to Needy Children recipients to include elective office surgery and radiotherapy services.

Both procedures will require prior authorization unless prior authorization has been waived. (MC-053.50)

Payment will be made only for those procedures which are recognized as outpatient services by the medical practitioners in the community.

Elective office surgery will be minor in nature, and usually performed under local anaesthesia.

One of the most common elective surgery procedures is local destruction of a small benign lesion (Procedure 0178-\$12) or removal of more than one lesion (0180-\$16). Whether a fee of \$16 (0180) is used or several settings at \$12 each (0178) depends on the clinical justification for the procedure. Payment for an office call is not allowed on any of the days on which a lesion is removed.

Podiatry (Chiropody) procedures 87, 88, and 89 are again payable from the Medical Care Fund.

Radiotherapy procedure fees are not included at present in the department's schedule of maximum allowances. Until the regulations are revised, the procedure fees included in the 1957 Relative Value Study @ \$4 per unit are applicable. If there is no fee in the Relative Value Study, the county medical consultant approves the "going rate" less 20%.

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The provisions of this bulletin supersede any sections or portions of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115.116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 3, 1961

DEPARTMENT BULLETIN NO. 601 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIAN'S SERVICE

Subject: Monthly Statistical Report
on Medical Care for Aid to
Needy Disabled Recipients,
Form DA 260

Introduction

Form DA 260 has been revised to accommodate reporting on the extended medical care available to recipients of Aid to Needy Disabled effective February 1, 1961. Copies of the earlier Form DA 260 should be destroyed. The first report is due on March 12 covering February activities.

Instructions for Reporting on Form DA 260

Instructions for Form DA 260 are largely identical with those for Forms 260 for the other programs, hence the instructions in Manual Sections S-400 - S-440 apply to Form DA 260, with the following exceptions:

- Item 8. In Item 8 of Form DA 260 report only on emergency dental care. Dental care available only to ATD recipients receiving services from rehabilitative centers is to be reported in Item 10, b.
- Item 10. Item 10 of Form DA 260, Services Available on Special Project Basis, applies only to ATD recipients. Report as follows under a, b and c:
- a. Functional Improvement - Report here on only those services and procedures which are clearly identifiable with a functional improvement treatment or evaluation plan and not otherwise available to Aid to Needy Disabled recipients. Any service of a kind generally available to all Aid to Needy Disabled recipients should be reported under the appropriate one of Items 1 through 9, even though it is part of a functional improvement plan. Enter number of statements and amount of expenditures for each of the indicated types of functional improvement.

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

W&IC 115.116

b. Rehabilitative Center Services - Enter the number of statements from Rehabilitative Centers paid during the month and the amounts paid. Exclude room and board costs of inpatients.

c. Other special project services - Enter the amounts paid for any special project services not classifiable under Items 1 through 10, b, above.

Item 11. Item 11 of Form DA 260, Persons Receiving Special Project Services, has no counterpart in the other aid programs. Report as follows (note that one person may be counted in several places in one month):

a. Plan adopted during month - In each column enter the number of persons for whom plans providing the indicated services were adopted during the month. Count a person only once for functional improvement, whether the plan begins with an evaluation and goes on into treatment or goes directly into treatment without a previous evaluation. (The only exception arises when another, completely new, plan is begun.) Treatment in this context is a very broad term, and may mean nothing more than the purchase of special eating utensils or a wheelchair.

b. In process, end of month - In each column enter the number of persons who were receiving the indicated services on the last day of the report month or for whom plans for such services were in effect on that day.

Column (1), Number of Persons - Functional Improvement. A plan for functional improvement may consist exclusively of services available to all ATD recipients on a regular basis, or it may include one or more of the services listed under Item 10, a, above. This, however, is not the criterion. Count the person here only if the plan for evaluation or treatment was developed by a SDSW Area Team or a county team.

Column (2), Number of Persons - Rehabilitative Services. Report persons who receive or will receive rehabilitation center services while living at home as well as persons living at the center.

Attachment

DEPARTMENT BULLETIN NO. 601 (STAT)
 Page 2

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

MEDICAL CARE SERVICES AND PAYMENTS

AID TO NEEDY DISABLED
Monthly Statistical Report

County _____

Submit in duplicate by 12th of month following month of report

Month of _____ 19____

TYPES OF MEDICAL CARE	NUMBER OF UNITS OF SERVICE	AMOUNT
	(1)	(2)
TOTAL		\$
1. Physician's visits.		
2. Other practitioner's visits		
3. Visiting nurse. (number of visits)		
4. Special medical procedures.	X X X X X X	
5. X-ray	X X X X X X	
6. Laboratory.	X X X X X X	
7. Drugs and medical supplies		
a. Prescriptions (count of Forms MC 165)		
b. Injections and medical supplies billed on Forms MC 163.	X X X X X X	
8. Emergency dental care (number of statements)		
9. Other allowable types of care		
a. Physical therapy.	X X X X X X	
b. Not applicable to ATD		
c. Other	X X X X X X	
10. Services available on special project basis:		
a. Functional Improvement. (Number of statements)		
(1) personal appliances.		
(2) building modification.		
(3) equipment, aids to self-care, etc.		
(4) occupational therapy		
(5) other.		
b. Rehabilitative center services. . (number of statements)		
c. Other special project services.	X X X X X X	

DO NOT WRITE IN THIS SPACE

11. Persons receiving special project services	Number of Persons	
	(1)	(2)
	Functional Improvement Evaluation or Treatment	Rehabilitative Services
a. Plan adopted during month		
b. Plan active during month.		

Prepared by _____

Date _____

Form DA 260, Revised February 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115.116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 6, 1961

DEPARTMENT BULLETIN NO. 602 (FISCAL)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Medical Care Vendor Bills

In order to prepare expenditure reports for the Department of Health, Education and Welfare and to obtain additional federal reimbursement, the department needs additional information on the Fiscal Reports. Information needed is as follows:

1. Segregation of medical vendor payments between those bills for services rendered prior to January 1, 1961, and those bills for services rendered after December 31, 1960 (OAS, ANB, ANC and ATD).
2. List of aid cases where a medical vendor payment was made in a month subsequent to date of discontinuance (OAS, ANB, ANC and ATD).
3. Segregate for OAS program only, medical vendor payments for federally eligible recipients from payments on behalf of recipients ineligible to federal participation.

All counties shall transmit the needed information in the following manner:

1. Segregation of bills prior to January 1, 1961, and after December 31, 1960. Payments made after January 1, 1961, for services rendered prior to January 1, 1961, should only occur for three or four months and under no circumstances beyond six months. Therefore, the required information may be reported on the present Form MC 800. On Line 6 of the MC 800 "Net Total Medical Care" show the total in two parts, i.e., prior to 1/1/61 and after 12/31/60. Items 7, 8 and 9 of the MC 800 will not be affected.
2. Listing of aid cases where a medical vendor payment was made in a month subsequent to date of discontinuance (OAS, ANB, ANC and ATD). When a medical vendor payment is made after the date of discontinuance (ineligibility, death, etc.) for services rendered to a recipient during a month prior to discontinuance, the persons count shall be reported to the department on the claim for the month in which the medical care payment(s) was made. Transfer cases are not to be considered in determining the persons count.

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These Regulations are designated to become effective FEB 1 1961

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(Pursuant to Government Code Section 11380.1)

W&IC 115.116

Example: A recipient receives a money payment in January and medical services in the same month. In February the recipient dies. The bill for the medical services rendered in January is received and paid in March. A person count must be reported on the March assistance claim. In other words, for services rendered after January 1, 1961, an additional person count is to be reported for each month in which a medical bill is paid even though the assistance grant is not made. A count is to be reported even though the person is discontinued because of ineligibility to aid or deceased if such person was eligible when the medical service was rendered and payment is made within 6 months including the month of service. This provision for additional person count does not apply to medical services rendered prior to January 1, 1961. Therefore, the department requests that a special listing be included in the Schedule of Adjustments as part of the aid claim. In Column 1 of the body of the adjustment schedule (Form ABCD 801) "Vendor Payments After Discontinuance" will be shown. Under the heading you will list each state case number and the name of the recipient. In Column 2 you will show the persons count. In Column 5 you will show the month of discontinuance and the amount of the vendor payment.

3. Segregation of bills for OAS program between eligible to federal and ineligible to federal. All OAS program medical vendor payments made on behalf of recipients who are ineligible to federal participation shall be separated from the payments to recipients who are eligible to federal participation. Form MC 800 will be revised to show two columns under the OAS program - one for eligible to federal participation and one ineligible to federal participation. Until the revised Form MC 800 is distributed to the counties, the department requests the information to be shown on the present Form MC 800 by making two entries under the OAS column or by submitting the information on a supplemental sheet.

The provisions of this bulletin apply to vendor payments for the month of January 1961, and the above information will first appear on the assistance claims for the month of January 1961, and each month thereafter.

DEPARTMENT BULLETIN NO. 602 (FISCAL)
Page 2

FEB 1 1961

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FOR FILING ADMINISTRATIVE REGULATIONS
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W&IC 115.116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 6, 1961

DEPARTMENT BULLETIN NO. 603 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Reporting Persons for Whom
Medical Care Payments Are
Made After Eligibility
Terminated, OAS, ANB, ATD,
ANC-FG

Recent changes in state claiming procedure make it possible for the state and counties to secure federal reimbursement when payments for medical care are made in a month after recipient's eligibility for public assistance has ceased.

As a result of the new claiming procedure, the Department of Health, Education and Welfare is requiring a monthly statistical report on the number of persons for whom such payments are made.

The change in claiming was effective on January 1, 1961. Since it applies only to services rendered after December 31, 1960, there can be no cases subject to this procedure before February 1, 1961, and the first report will be made in March for the month of February.

Pending incorporation of reporting requirements into the Manual of Statistical Procedures, counties shall report the number of persons for whom medical care payments are made after termination of eligibility in a footnote on the Form 260 (Medical Care Services and Payments) for the program under which the person was receiving aid at the time the medical care was given. The footnote should read as follows:

"Number of persons for whom Medical Care paid after
discontinuance _____."

The persons counts for these entries can be secured from Form ABCD 801, Schedule of Adjustments, under the heading "Vendor Payments After Ineligibility."

These Regulations are designated to become effective FEB 1 1961

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115.116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 7, 1961

DEPARTMENT BULLETIN NO. 604 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Report on Concurrent Receipt
of Public Assistance and Old
Age, Survivor's and Disability
Insurance in February 1961

In order to complete a report required by the FSSA the department needs to secure certain information from counties on OAS, ANB, ATD and ANC-FG cases concurrently receiving OASDI. In addition to meeting the federal report requirement, the data requested will make available for publication information on the incidence of OASDI among public assistance recipients on a county-by-county basis.

All counties shall prepare and transmit reports in accordance with "Instructions for Completion of Reports on Concurrent Receipt of Public Assistance and OASDI, February 1961."

These reports require data on the total number of OAS, ANB, ATD, and ANC-FG cases receiving both public assistance and OASDI in February 1961, and certain minimum information on samples (approximately one percent for OAS, 20 percent for ANB, 30 percent for ATD, and 10 percent for ANC-FG) of such cases. For OAS, ANB and ATD cases, the age of the beneficiary is also required.

Counties are also requested to report on the basis for the OASDI benefit, e.g., dependency, survivor's or wage earner's benefit.

Completed schedules and transmittals shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, to reach this office by April 1, 1961.

This bulletin shall cease to be effective on May 31, 1961.

Attachments

These Regulations are designated to become effective 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

INSTRUCTIONS FOR COMPLETION OF REPORTS
ON CONCURRENT RECEIPT OF PUBLIC ASSISTANCE AND OASDI
FEBRUARY 1961

These reports require data on the total number of OAS, ANB, ATD, and ANC family cases receiving both public assistance and OASDI in February 1961, and certain minimum information on samples (approximately one percent for OAS, 20 percent for ANB, 30 percent for ATD, and 10 percent for ANC-FG) of such cases.

Summary Report (Form ABCD 262 Transmittal)

The following information for February 1961 shall be reported in a transmittal letter (Form ABCD 262) accompanying completed Forms ABD 262 and CA 262 FG:

1. The total number of cases in each program which received both assistance (or were classified as "O" grant cases) and OASDI in February 1961, by actual count (do not sample).
2. The total number of cases in each program with specified state number endings which received assistance (or were classified as "O" grant cases) in February 1961, by actual count.
3. The number of cases in each program reported in Item 2, above, which received both assistance and OASDI in February 1961. These numbers must agree with the total number reported on Form ABD 262 or Form CA 262 FG.

Reports on Sample Cases

Required information shall be reported on the appropriate forms ABD 262 or CA 262 FG for each case receiving both public assistance (including "O" grants) and OASDI in February 1961 which had a case number ending as follows:

<u>Program</u>	<u>Case No. Endings</u>	<u>Expected Percent</u>
OAS	22	1
ANB	5, 9	20
ATD	1, 3, 5	30
ANC-FG	5	10

Counties with tabulating equipment may use tab machine listings showing the required information instead of Forms ABD 262 and CA 262 FG. Such listings should include column totals.

Detailed Instructions for Completing Forms ABD 262 and CA 262 FG

Page Number of Pages: Enter the page number on each copy of Form ABD 262 or CA 262 FG and the total number of pages of such form(s) being transmitted for each program.

Program (Form ABD 262): Check which program is being reported; do not report on more than one program on one sheet.

These Regulations are designated to become effective MAR 1 1961

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Column (1) - State Case Number: Enter the state case numbers of all sample cases receiving both public assistance and OASDI in February 1961. Include cases whose warrants for February were held and cases with "0" grants.

If more than one ANC family budget unit appears under the same case number, list each family budget unit as a separate case. Exclude children receiving ANC-BHI.

Column (2) - February Amounts - OASDI Benefit: Enter the amount of the monthly OASDI benefit payment received by each case listed in Column (1). This should be the full monthly OASDI benefit amount (rounded to the nearest dollar) paid to recipients in their own names in February.* Consider a family to be in receipt of OASDI if any member of the family budget unit is a beneficiary. Exclude families in which the only benefit is one received for the use of a person not in the family budget unit.

Column (3) - February Amounts - ANC-FG or Public Assistance Payment: Enter the amount of the OAS, ANB, ATD, or ANC-FG payment to the recipient or family in February. These should be "net expenditure" amounts (rounded to the nearest dollar).** Exclude payments from the Medical Care Revolving Fund. For "Zero-grant" cases enter "0."

Columns 4-9, OAS, ANB and ATD, Form ABD 262

Column (4) - Age: Enter the age of the OAS, ANB or ATD recipient reported in Column 1.

Column (5) - Sex: Enter the sex of the OAS, ANB or ATD recipient reported in Column 1 (the letters M and F will be sufficient designation for male and female).

Note: Columns 6 through 9 (Optional and OAS only)

Date in these columns report the type of OASDI benefit received. Sometimes a recipient may be eligible to a benefit as the insured wage earner and also on some other basis. If this happens the Social Security Administration will pay the primary benefit but, if the dependent or survivor benefit is larger, will augment the primary benefit to equal the larger one. In such cases, report the benefit as primary (wage earner). There should be only one check mark per case in the four columns.

Column (6) - Type of OASDI benefit received - wage-earner: Enter a check mark if the wage-earner, on whose earnings the OASDI benefit reported in Column 2 is based, is the recipient himself. Otherwise leave blank.

* If recipient allocates a portion of his OASDI benefit to a dependent, report the full amount he received, before allocation. If husband and wife receive their two benefits in one check, enter only amount of the benefit of the recipient in the sample.

** I.e., the amount paid this month, for current and prior months, minus cancellations and repayments, and incorporating all plus and minus adjustments.

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These Regulations are designated to become effective MAR 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Column (7) - Type of OASDI benefit received - dependent: Enter a check mark if the beneficiary reported in Column 1 is a dependent of the living wage-earner on whose earnings the benefit is based. Otherwise leave blank.

Column (8) - Type of OASDI benefit received - survivor: Enter a check mark if the beneficiary reported in Column 1 is a survivor of a deceased wage-earner on whose earnings the benefit is based. Otherwise leave blank.

Column (9) - Type of OASDI benefit received - no data: Enter a check mark if it is impossible to identify the type of benefit received by the beneficiary reported in Column 1. Otherwise leave blank.

Columns 4 - 10, ANC only, Form CA 262 FG

Column (4) - Number for whom OASDI paid - Adults: Enter the number of adults in the family budget unit who receive an OASDI benefit in their own right.

Column (5) - Number for whom OASDI paid - Eligible Children: Include as children in concurrent receipt of ANC-FG and OASDI only those children eligible for ANC-FG in February 1961 for whom a child's OASDI benefit was specifically designated for the month of February.

Note: Columns 6 through 8 (Optional):

In the ANC program OASDI may be received by a number of people under a variety of entitlements. Check all applicable items.

Column (6) - Wage-earner is Deceased: Enter a check mark if the wage-earner, on whose earnings the OASDI benefit reported in Column 2 is based, is deceased. Otherwise leave blank.

Column (7) - Wage-earner is Retired: Enter a check mark if the wage-earner, on whose earnings the OASDI benefit reported in Column 2 is based, is living, and retired from covered employment. Otherwise leave blank.

Column (8) - Wage-earner is Disabled: Enter a check mark if the wage-earner, on whose earnings the OASDI benefit reported in Column 2 is based, is disabled. Otherwise leave blank.

Column (9) - Recipients of ANC in family budget unit - Needy Relatives: Enter the number of needy relatives included in the family budget unit. If there are none, enter "0."

Column (10) - Children: Enter the total number of children eligible for ANC in each family budget unit listed.

Completed schedules and transmittals shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, to reach this office by April 1, 1961.

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Transmittal Letter for
Forms ABD 262 and CA 262 FG
February 1961

Date _____

County _____

TO: Bureau of Statistical Reports
State Department of Social Welfare
722 Capitol Avenue
Sacramento 14, California

SUMMARY REPORT ON CONCURRENT RECEIPT OF
PUBLIC ASSISTANCE AND OASDI

	OAS	ANB	ATD	ANC-FG
1. Total number of cases which received both assistance (include "0" grant cases) and OASDI in February 1961, by actual count (Do not sample).				
2. Total number of cases (including "0" grant cases) with state numbers ending in the indicated sample numbers by actual count.	"22"	"5", "9"	"1", "3", "5"	"5"
3. Number of cases with state numbers ending in the indicated sample numbers which received both assistance and OASDI in February 1961. (Number must agree with total reported on attached Form ABD 262 or Form CA 262 FG.	"22"	"5", "9"	"1", "3", "5"	"5"

Report prepared by _____

Attachments _____

Form ABCD 262 transmittal, February 1961

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

REPORT ON CONCURRENT RECEIPT OF PUBLIC
ASSISTANCE PAYMENTS AND OASDI BENEFITS
FEBRUARY 1961

County _____

Page _____ of _____ Pages

Old Age Security, Aid to Needy Blind
and Aid to Needy Disabled

Program:
(Check One): - OAS ☐ ANB ☐ ATD ☐

NOTE: Make entries in Columns 1 through 5 on all programs.
Entries in columns 6 through 9 are optional and
apply only to the OAS program.

Type of OASDI benefit
received (check one)

State case number	OASDI bene- fit (near- est dollar)	Public assist- ance payment (nearest dollar)	Age	Sex	wage- earn- er	de- pend- ent	sur- viv- or	No data
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

DO NOT WRITE IN THIS SPACE

Report prepared by _____ Date _____

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

REPORT ON CONCURRENT RECEIPT OF PUBLIC
ASSISTANCE PAYMENTS AND OASDI BENEFITS
IN FEBRUARY 1961

County _____

Aid to Needy Children - Family Groups Page _____ of _____ Pages

State case number (1)	February amounts (nearest dollar)		Number for whom OASDI paid		(Entries in Columns 6 through 8 are optional) Basis for benefits: wage- earner is (check) ---			Recipients of ANC in family budget unit	
	OASDI benefit (2)	ANC-FG payment (3)	Adults (4)	Eligible children (5)	deceased (6)	retired (7)	disabled (8)	Number of needy relatives (9)	Number of children (10)
1.	\$	\$							
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

Report prepared by _____ Date _____

Form CA 262 FG, February 1961

These Regulations are designed to become effective _____

MAR 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

February 2, 1961

DEPARTMENT BULLETIN NO. 600 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO JUVENILE COURT
CALIFORNIA PHYSICIANS' SERVICE

Subject: Drug Formulary for OAS,
AB, ANC, and ATD Recipients,
Effective March 1, 1961

Attached is the revised list of drugs for which payment may be made from the Medical Care Fund as of March 1, 1961, for Old Age Security, Aid to the Blind, Aid to Needy Children, and Aid to the Disabled. You will note the restriction of drugs to the formulary for Aid to Needy Children recipients.

The provisions of this bulletin supersede any sections or portions of sections of the Medical Care Manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

Attachment

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT 5
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The following regulations, amendments to regulations, and repeals of regulations are emergency measures necessary to the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

1. Department Bulletin No. 599, Elective Office Surgery and Outpatient Radiotherapy for OAS, AB, ATD and ANC Recipients, effective February 1, 1961.
2. Department Bulletin No. 598, Additional Medical Care for ATD Recipients, effective February 1, 1961.
3. Repeal of Regulations A-206.2 and B-206.2.

The following facts constitute the emergency:

1. The adoption of the bulletins described in item one above is made possible by the availability of additional federal funds.
2. Attorney General's Opinion No. 60/197 rendered on December 21, 1960, requires an expansion of the medical care program for OAS recipients as soon as administratively possible, to the point of providing maximum services and to take full advantage of the increased federal participation.
3. The services provided for in item one above are not now available to aged persons at all, yet are urgently needed for proper treatment requiring elective surgery and radiotherapy.
4. Adoption of these bulletins effective February 1, 1961, will enable the counties to put these programs into operation as quickly as feasible following the issuance of Attorney General's Opinion 60/197.
5. Adoption of the additional services mentioned in items one and two above for OAS only would lead to lack of uniformity among programs and would adversely affect the administration of the medical care program for public assistance recipients by creating confusion as to coverage among vendors and recipients.
6. Item two covers services very badly needed by ATD recipients for which there is now no coverage at all, but for which funds are available at the present time.
7. Any delay in making available medical services to those who need them will necessarily have an adverse effect on the public health and general welfare.
8. Repeal of the regulations mentioned in item four effective February 1, 1961, is necessary to prevent duplicate coverage of outpatient radiotherapy as a special need for certain OAS and AB recipients.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The following regulations and amendments to regulations are emergency measures for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of Government Code:

1. Department Bulletin No. 602 (Fiscal) Medical Care Vendor Bills
2. Fiscal Manual Sections F-1000, A; F-1020, A
3. Department Bulletin No. 601 (Stat) - Monthly Statistical Report on Medical Care for Aid to Needy Disabled Recipients, Form DA 260
Department Bulletin No. 603 (Stat) - Reporting Persons for whom Medical Care Payments are Made After Eligibility Terminated, OAS, ANB, ATD, ANC-FG
Department Bulletin No. 596 (OAS, AB, ATD, MC) - Notices to Recipients Regarding Medical Care Program

The following facts constitute the emergency:

1. Public Law No. 86-778, known as the 1960 Social Security Amendments provides an additional method for computing the amount of federal funds available to this State for reimbursement of expenditures for medical services extended to aged persons.
2. The additional federal funds are available for medical care expenditures made in behalf of aged persons after October 1, 1960.
3. In order to obtain the maximum amount of additional federal funds it is necessary to revise accounting and reporting procedures relative to services provided Old Age Security recipients.
4. All of the additional federal funds received pursuant to Public Law No. 86-778 accrue to the benefit of recipients of Old Age Security in the form of an increased scope of medical services extended in their behalf pursuant to Chapter 1 of Part 3 of Division 5 of the Welfare and Institutions Code.
5. The adoption or ratification of the above Department Bulletins and of the amendments to the manual sections listed above on an emergency basis is necessary in order to enable counties to make the required changes in accounting and reporting procedures thus permitting the full claiming of all additional federal funds available for recipients of Public Assistance and to keep accurate statistics of the expenditures.

It is therefore necessary that these Department Bulletins and amendments to the specified manual sections be adopted or ratified, as the case may be, by the State Social Welfare Board as emergency measures, to go into effect on February 1, 1961.

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS **5**
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following Manual Sections are repealed effective March 1, 1961:

- A-206.12 Special Need For Drugs, Therapeutic Preparations and Food Supplements
- B-206.12 Special Need For Drugs, Therapeutic Preparations and Food Supplements - ANB-APSB
- S-100 Purpose and Use of Public Assistance Statistical Reports
- S-200 Submission of Monthly Statistical Reports on Adoptions
- S-300 Submission of Monthly Statistical Reports on Boarding Homes
- S-400 Introduction - Monthly Statistical Reports on Medical Care of OAS, AB and ANC Recipients (Forms AG 260, BL 260, APSB 260, CA 260-FG and CA 260-BHI)
- S-402 General Instructions - Monthly Statistical Reports on Medical Care, Forms AG 260, BL 260, APSB 260, CA 260-FG and CA 260-BHI
- S-420 Column Definitions, Forms AG 260, BL 260, APSB 260, CA 260-FG, CA 260-BHI
- S-440 Types of Medical Care, Forms AG 260, BL 260, APSB 260, CA 260-FG, CA 260-BHI
- S-450 Monthly Statistical Report on Payments For Functional Improvement Services For Aid to Needy Disabled Recipients, Form DA 260
- S-490 Statistical Forms

The following Manual Sections are repealed effective February 1, 1961:

- A-206.2 Special Need For X-Ray Therapy
- B-206.2 Special Need For X-Ray Therapy - ANB-APSB

The following Department Bulletins are repealed effective March 1, 1961:

- 548 (Stat) (Rev.) Revised Form DA 251, Aid to Needy Disabled Social Data Record
- 552 (Stat) Statistical Reporting Instructions for Counties Which Are Parties to the CPS Contract
- 555 (Stat) Form DA 158, Budget Worksheet on Aid to the Disabled Required on Intake Cases
- 573 (Stat) Quarterly Statistical Report on Unpaid Medical Care Statements on Hand
- 576 (Stat) Medical Care Permanent Samples
- 576A (Stat) Reporting Source of Payment - Medical Care Fund or Cash Grant, Medical Care Permanent Sample, OAS and ANB
- 588 (Stat) Survey of Distribution of Payments, September 1960

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

January 31, 1961

DEPARTMENT BULLETIN NO. 597 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
CALIFORNIA PHYSICIANS' SERVICE

Subject: Annual Health Evaluation
for OAS Recipients,
Effective April 1, 1961

I. PURPOSE

A comprehensive health evaluation will be made available to OAS Recipients effective April 1, 1961, for the purpose of determining their physical condition and to diagnose and treat illness at an early date. The service is available to each OAS recipient who requests it, unless county welfare department records indicate that recent and current equivalent medical services have been received. The service must be offered to all applicants and recipients aged 65 through 69 at the time the original application is approved and at the time the reaffirmation of eligibility is signed. Positive encouragement to have the applicant or recipient accept the offer must be given unless it is known this would be contrary to his religious beliefs.

In addition, the OAS Health Evaluation Project has been set up in such a manner as to provide valuable technical data for research purposes.

II. BACKGROUND

Major advancements in medical science over the past years have made possible the treatment and in many instances the prevention of illness and conditions which contributed to chronic disability or death of aged persons in the past.

One of the most effective means of forestalling gross illness, physical breakdown and deterioration is through early diagnosis and subsequent treatment. The trend in the medical field for achieving early diagnosis and treatment has been through the encouragement of a periodic physical examination. It is in keeping with that emphasis that the project for the OAS Health Evaluation is being incorporated into the Medical Care Program for the aged.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Recipients in the 65 through 69 year age bracket have a life expectancy of 12 to 15 years. Through early detection and treatment of illness, the department, the counties, and the medical profession hope to make those years as free of pain and disability as possible.

While the health of the recipient is the primary concern in this project, a request has been made to the National Institutes of Health for a substantial grant to conduct a research project because of the great research potential and the need for further planning information.

III. PRELIMINARY PLANNING WITH COUNTY MEDICAL AND OSTEOPATHIC SOCIETIES

Medical and Osteopathic practitioners will be authorized to make the physical examinations on recipients desiring health evaluations. Appropriate county staff will work with the respective county medical and osteopathic societies for the purpose of arriving at an understanding on ways to carry out certain diagnostic procedures.

These include:

- A. Laboratory and X-ray - Timing. Agreement must be reached between the societies and the county welfare department as to whether the mandatory laboratory and X-ray procedures will be done: (1) uniformly prior to the physical examination (2) uniformly after the examination, or (3) at a time set by the examining physician.
- B. Laboratory and X-ray - Facilities. Agreement will be reached with the societies on the facilities to be used for laboratory and X-ray procedures, i.e., (1) designated public or voluntary facilities, or (2) existing facilities normally used by the examining physician.

In addition to these points, the county welfare department must obtain from the medical and osteopathic societies a list of qualified physicians who are willing to perform the physical examination health evaluation and submit reports for any recipient.

A fee of \$28 (procedure 027) will be paid for the physical evaluation with reports. This fee encompasses all necessary office or home visits to complete the evaluation and discussion of the results of the evaluation with the recipient. It does not include any subsequent treatment procedures. Payment for X-ray and laboratory tests will be in accordance with fees set forth in the schedule of maximum allowances. If a procedure is not included in the schedule of maximum allowances, see Handbook Section MC-040.1, B.

IV. THE HEALTH EVALUATION

The Health Evaluation program should be discussed with recipients already receiving aid at the time the AG 206 (recipients affirmation of eligibility for Old Age Security) is signed. It should be discussed with new recipients during the intake process.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A recipient who chooses to take advantage of the service may request his own physician to furnish this service, choose one from the list of physicians mentioned under III above, or obtain the service from public or voluntary clinics.

The recipient will fill out a Health Questionnaire (Form MC-266) prior to or at the time of the examination by the selected physician. Each person in the age group 65 through 69 granted aid after April 1, 1961, will be encouraged to complete the questionnaire (Form MC-266) even if he does not wish the health evaluation.

A relative, friend or the physician may help the patient fill out this form. The social worker may also help the recipient in making an appointment for the examination.

The social worker will prepare a Form MC-267 (Social Information) for the doctor who will conduct the examination. The county welfare department will be responsible for forwarding this form to the examining physician, together with the other necessary forms.

The examining physician will perform a complete examination (procedure 027). He will obtain reports of the following mandatory screening procedures: (1) X-ray (2) EKG (3) cervical Pap smear (women) (4) urinalysis, and (5) complete blood count. Additional X-ray and laboratory procedures may be ordered as is deemed necessary. The physician will prepare a Physician's Report (Form MC 269) to send to the county welfare department with the Laboratory and Radiologic Findings (Form MC 268).

Upon receipt of the reports by the county welfare department, they will be evaluated by the county medical consultant. If he determines the information is inadequate or the forms are incomplete, he should take any necessary action to rectify. Appropriate county welfare department staff will follow up with any necessary Public Assistance Medical Care and social services to effectuate the recommendations.

The provisions of this bulletin supersede any sections or portions of sections of the Medical Care manual which are in conflict herewith. Appropriate manual sections will be amended as soon as possible to bring them into conformity.

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FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

FEB 28 1961

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

FEB 28 1961

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: February 27, 1961

By: J. M. Wedemeyer

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

FEB 28 1961

At 1:00 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By: Walter L. Tucker
Assistant Secretary of State

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071-13 STANDARDS FOR COUNTYWIDE PLAN - WPS

071-13

The following standards shall be applied by the SDSW in judging the acceptability of a countywide plan, or its revisions:

1. The plan shall be based on a comprehensive classification plan and adequate salary survey made by a competent authority.
2. The plan shall be applicable to the classified positions in the county service.
3. The plan shall include salary ranges calling for minimum, maximum, and intervening steps.
4. The plan shall be based upon the principle that like salaries shall be paid for comparable duties and responsibilities in the county service.
5. In establishing or changing salary ranges, consideration shall be given to prevailing rates for comparable service in other public employment and in private business.
6. Reasonable salary differentials shall be maintained between classes to reflect the responsibility and difficulty of the classes. As one standard for judging reasonable salary differentials, the county shall use the merit system compensation plan. Any significant deviation from the established salary relationships of the merit system compensation plan shall be supported by prevailing rate data. These data shall be made available to the SDSW.
7. No countywide compensation plan shall provide a rate for Social Worker I which is more than half-step below the lowest rate specified in Section 071-05. Internal relationships of the pay ranges of other social work classes will be governed by other provisions of this section.
8. Procedure shall be established for amending and revising the countywide plan as needed.

(W&IC 119.5, 119.6)

These Regulations are designated to become effective

APR 1 1961

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

079-70 APPLICABILITY

079-70

All positions in county agencies engaged in the administration of state public assistance and child welfare services programs shall be filled by persons selected on the basis of merit in accord with these rules, excepting positions exempted prior to January 1, 1940 in counties which had an approved merit system as of that date, and excepting positions hereinbefore exempted in Section 070-00, Definitions.

The State Social Welfare Board may delegate to the civil service agency in any county responsibility for the operation of a merit system plan for the welfare department, providing the standards established for such department in respect to qualifications, examinations, competency, education, experience, tenure and compensation are in substantial conformity with the standards required by these rules.

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OR FILING ADMINISTRATIVE REGULA NS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

I hereby certify that prior to the adoption of the emergency regulations set forth below Sections 11423, 11424 and 11425 of the Government Code were complied with:

Sec. 071-60 filed with the Secretary of State November 29, 1960.

J. M. Nedemeyer

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-360 ANC MODIFIED PAYMENTS

F-360

(Subsection C only)

C. GOVERNMENTAL PARTICIPATION IN PAYMENTS

Federal participation is available in that portion of the payment which is not restricted in any fashion, made under a modified plan providing no more than two budget items are modified. (See ANC Manual Sec. C-222.50.)

State participation is available in a modified payment case regardless of which method of payment is used. (See A-1 through 5 above.)

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Effective 12/1/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-520

F-520

FEDERAL PARTICIPATION IN AID PAYMENTS

F-520

The Federal Government participates in most, but not all, of the OAS, ANB, ANC, and ATD payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS, ANB and ATD there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from TB or mental disease. Therefore, federal participation is not available in payments to or for recipients in:

- a. Family care homes certified by the State Department of Mental Hygiene or institutions licensed by the State Department of Mental Hygiene to care for the mentally ill. These facilities are considered by the DHEW as extensions of the institutions.
- b. Private tuberculosis institutions licensed by the State Department of Public Health.

Likewise, there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month. (See Manual of Policies and Procedures - OAS, ANB and ATD.)

2. Any payment made to either of the following guardians:
 - a. The State Department of Mental Hygiene
 - b. An employee of the State Department of Mental Hygiene

(Continued)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-520

GOVERNMENTAL PARTICIPATION

Fiscal

F-520 (Continued)

F-520

In OAS, ANB, and ATD there is no federal participation in any payment authorized after death of the recipient (See Sec. F-310-B.2).

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A.)
2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E.)
3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C.)
4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.
5. In a modified payment case:
 - a. In the amount of the grant that is restricted or modified when two or less budget items are restricted or modified
 - b. In the total grant amount if more than two budget items are restricted or modified.

See Secs. F-360 and F-730-G.

In APSB, there is no federal participation.

(Continued)

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal AID CLAIMS F-730

F-730 (Continued) F-730

G. ANC MODIFIED PAYMENT CASES

The total amount of ANC authorized for a modified payment case may be reported as an expenditure on the monthly ANC claim although the payment of such assistance may not have been made in full.

ANC modified payment cases will be included on the monthly payroll in case number order and need not be segregated on a separate payroll; however, they should be identified by coding MP (Modified Payment) and the amount of that portion of the payment which was restricted or modified will be shown in the remarks column.

Example: ANC grant \$168.00. Rent and utilities totaling \$45.00 were restricted or modified. Payroll (ABCD 801) will show grant of \$168.00 in Column 3. Remarks column will show \$45.00 MP.

Federal reimbursement is available for ANC modified payment cases if no more than two budget items have been disbursed as modified payments.

Federal reimbursement may not be available due to reasons other than those involving the modified payment process. (See Sec. F-520.)

Since the number of budget items disbursed under the modified payment plan controls the availability of federal reimbursement, the county shall determine, at the close of the control period, whether or not correct federal status has been claimed.

If federal status was in error, the county will process an adjustment from regular to nonfederal or nonfederal to regular as the facts dictate.

(Continued)

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SOCIAL WORKER IV

Definition:

Under general direction, to perform highly specialized social work services on selected cases involving complex social problems and social treatment plans; to perform other assignments involving advanced social work functions and to do related work as required.

Distinguishing Characteristics:

Incumbents of positions in this class are assigned to selected caseloads involving difficult social treatment plans, such as prevention of family breakdown, work with demonstration caseloads, or other specialized functions, such as providing technical consultation to other staff. They receive only general supervision and consultation as may be needed, based on the experience of the worker.

This position is distinguished from Social Worker III, the next lower class, in that it requires more specialized casework knowledge, may involve working in a team relationship with other disciplines, and normally receives a minimum of supervision.

Positions in this class are distinguished from those in the Social Work Supervisor series in that supervision is not a normal or required function of this class.

Typical Tasks:

Provides direct services to mentally, emotionally, physically or socially handicapped individuals; provides services to other cases involving difficult or complex social and financial problems, adoptive placement, protective services, and home studies.

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SOCIAL WORKER IV

Evaluates social problems, develops and carries out treatment plans; interprets program to clients; refers clients to appropriate community services; collaborates as the member of a team in diagnosing and treatment; interprets social and emotional factors to others involved in treatment of client; prepares social histories with emphasis on psycho-social factors.

Consults with other community agencies and groups; assists in developing community resources; prepares case records and reports and dictates correspondence.

Minimum Qualifications

Successful completion of
Education: / two years of graduate training in an accredited school of social work.

and

Knowledge of:

- (1) Individual and group behavior with emphasis on normal growth and development in family relationships.
- (2) Social casework objectives, principles and methods
- (3) Socio-economic factors which promote stable family life and understanding of the elements which affect family security.
- (4) The principles of community organization.
- (5) Public and private health in welfare programs.
- (6) General social legislation.
- (7) Physical and mental illnesses and their impact on personality.
- (8) Social welfare research methods.

Ability:

- (1) To effectively apply casework knowledges and skills.

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SOCIAL WORKER IV

- (2) To work constructively within an agency in the community setting and to effectively utilize appropriate resources and services.
- (3) To demonstrate skill in planning and analysis.
- (4) To work with people on a skilled professional level in difficult and unusual situations.
- (5) To work constructively to the development and coordination of community resources to meet special needs.

Special
Personal Characteristics:

A mature personality as evidenced by such factors as good judgment and emotional stability; a capacity for professional growth and the assumption of progressively greater responsibility.

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CLERK I (General)
 (Typist)
 (Stenographer)

Definition:

Under close supervision, to do general typing or simple clerical work; or to take shorthand dictation and to transcribe notes on a typewriter; and to do other work as required.

Distinguishing Characteristics:

Employees in the Clerk series of classes provide typing, stenographic, and clerical services required in achieving the objectives of the welfare department.

The level of positions is determined by the difficulty and complexity of the assignment as demonstrated by the responsibility for one or more clerical functions, the independence of action in making decisions, the judgment exercised in solving office management and clerical service problems, and leadman or supervisory responsibility over the work of others.

Clerk I is the entrance level in the Clerk series and is used as a recruiting and trainee class. Incumbents ordinarily are promoted to the next higher class in the Clerk series through on-the-job training and performance evaluation.

The next higher level of Clerk II is the first journeyman level where assignments are more varied in nature, require the use of more independent judgment, and are performed with less supervision.

Typical Tasks:

Sorts and files correspondence, cases, cards, and other subject matter requiring limited knowledge of office procedure or job content, checks applications and correspondence against master card files to extract record data; types file cards and folder tabs; cross-indexes cards and records; numbers new applications and folders; pulls material from file; keeps charge-out records; keeps control file for reinvestigations.

CLERK I

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Typical Tasks: (Continued)

Posts clearly indicated financial data to summary statements or control records such as rosters, cost records, journals, ledgers, and periodic reports; checks accuracy and completeness of the routine data in reports and records; makes simple arithmetical calculations; prepares simple statistical reports from data readily available.

Meets the public; answers the telephone; gives out clearly prescribed routine information; operates business machines such as adding, calculating, or mimeograph machines; opens, time stamps, and distributes mail; addresses, stuffs, and stamps envelopes, requisitions supplies; cuts stencils.

Takes shorthand notes from dictation and transcribes them on a typewriter; types letters, case histories and other material from dictating machine records or from written or printed copy.

Minimum Qualifications

Education:

Equivalent to completion of the twelfth grade. (Clerical, typing or stenographic experience may be substituted for the required education on a year-for-year basis.)

Knowledge of:

Modern office practice and procedures

and

Ability to:

- (1) perform routine clerical work
- (2) make arithmetical computations
- (3) follow oral and written instructions

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Minimum Qualifications

Ability to: (Continued)

- (4) spell and punctuate correctly and to use good English
- (5) meet the public tactfully and courteously and to give out routine information
- (6) learn to operate a PEX board, mimeograph, calculating machine or other office machines.

Special Ability:

Persons who fill positions which require stenographic or typing ability are required to possess the following special ability in addition to the minimum qualifications listed above:

- (1) Typing: Ability to type at a speed of at least 40 words a minute from a manuscript or printed or typewritten material
- (2) Stenography: Typing ability as described above and ability to take dictation at a speed of at least 80 words a minute and to transcribe it at a speed of at least 20 words a minute.

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CLERK II (General)

(Typist)

(Stenographer)

(Account)

(Budget)

Definition:

Under supervision to do varied clerical, typing or budget computational work of average difficulty; to take shorthand notes from dictation and to transcribe them on a typewriter; and to do other work as required.

Distinguishing Characteristics:

Employees in the Clerk series of classes provide typing, stenographic, and other clerical services. In producing and processing client budgets for all types of assistance, some also relieve social work staff of the clerical and computational detail.

Positions which need a specialized skill are designated by the class functional subtitles. In addition to the minimum qualifications which apply to the class, some of these positions may have specialized requirements as listed.

The level of position is determined by the difficulty and complexity of the assignment as demonstrated by the responsibility for one or more clerical functions, the independence of action in making decisions, the judgment exercised in solving problems in areas such as clerical services, office management, interpretation of categorical aid and supplemental county manuals, and responsibility for the work of others.

Clerk II is the first journeyman level in the Clerk series.

Incumbents may perform any or a variety of clerical functions described in the Typical Tasks of this specification.

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Distinguishing Characteristics: (Continued)

Employees in the Budget specialization at this level usually have the budget computation assignment for the aid programs. This requires the selection, interpretation, and application of pertinent aid manual provisions and policies referring to client budget problems. Batching and reconciling of authorizations with compilation of attendant reports may be included.

The next higher class of Clerk III includes positions with complex or more difficult duties and responsibilities, as well as positions that have leadman responsibility over a small group of clerks.

Typical Tasks:

The Clerk (General) Maintains case record files, various control files, and miscellaneous files requiring use of some independent judgment; assigns state and county number to cases; maintains employee time records and automobile mileage records; compiles case counts by programs and various other data to be used in statistical reports; reconciles various controls, records, or reports for accuracy or completeness.

Operates standard office equipment, such as adding, calculating, bookkeeping, duplicating, graphotype, and addressograph machines; opens, sorts, and distributes mail; prepares outgoing mail; requisitions, distributes, and maintains a stock of office supplies.

Gives out information to the public personally, over the telephone, or by letter in answer to inquiries; keeps a daily register; makes appointments and refers callers to various offices or other agencies; operates a PBX board; issues grocery orders, clothing orders, and hospital permits.

The Clerk (Typist) Types forms, reports, letters, payrolls, and other materials; cuts stencils; types material such as case histories and letters from dictating machine records; makes property searches and bank clearances involving personal contacts with county officials and banks; proof-reads material.

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Typical Tasks: (Continued)

The Clerk (Stenographer) Takes dictation and transcribes it on a typewriter; independently composes letters from original notes or oral or written instructions; performs secretarial duties for the welfare director or other staff members.

The Clerk (Account) Posts financial data to control records or statements of various types; maintains statistical control records.

May assist in the aid authorization process by performing tasks such as preparing notices of change for board of supervisors' action, posting financial actions to client's records, preparing and correcting addressograph plates, and computing federal, state, and county shares for aid paid; prepares financial and statistical reports.

The Clerk (Budget) Receives and reviews budget transmittal or order sheets from social work staff; checks financial and family composition data against case record for accuracy; reviews financial material for conformity to rules, regulations, and laws; computes aid budgets to determine items such as increases or decreases in client grants, and supplemental payments; computes payments for special needs purchased on a contract basis and prepares vendor letters; prepares necessary notices and posts financial actions to record; prepares notices of change for board of supervisors' action by batching and summarizing authorization documents; reconciles aid figures with auditor's office; prepares federal, state, and county shares for aid paid; performs related statistical work such as compiling weekly, monthly, or quarterly reports from a variety of source documents.

Minimum Qualifications (Required for all positions):

Either I

One year of experience in the class of Clerk I or a comparable class in the California County Merit System.

CLERK II

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Minimum Qualifications (Continued)

Or II

Education: Equivalent to completion of the twelfth grade. (Clerical, stenographic, or typing experience may be substituted for the required education on a year-for-year basis.)

and

Experience: One year of experience in clerical, stenographic or typing work. (One year of college or business school training may be substituted for the required experience.)

Knowledge of: Current office practices and procedures, including some familiarity with filing methods.

Ability to: (1) Spell and punctuate correctly and to use good English; (2) Perform varied clerical work of average difficulty; (3) Follow oral and written instructions; (4) Make arithmetical computation; (5) Learn to operate a variety of office equipment related to job; (6) Compile data for and prepare reports of average difficulty; (7) Meet the public courteously and tactfully and give out information; and (8) Get along well with others.

Minimum Qualifications by Specialty:

In addition to the above minimum qualifications, the following specialized knowledges and abilities are required for:

Clerk (Typist) Ability to type at a speed of at least 45 words a minute from a manuscript or printed or typewritten material.

Clerk (Stenographer) Typing ability described above, and ability to take dictation at a speed of at least 100 words a minute.

Clerk (Account) One year of experience for either Option I or II - must have involved making computations, and financial or statistical record keeping or reporting. Knowledge of principles and methods of financial and statistical clerical work.

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Minimum Qualifications by Specialty: (Continued)

Clerk (Budget) Experience and knowledge same as (Account)
specialization

and

Knowledge of Provisions of categorical aid manuals pertaining to the financial
data used in budget computations.

Ability to Interpret specific sections of aid manuals concerning budget
computations.

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CLERK II

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CLERK III (General)

(Typist)

(Stenographer)

(Account)

(Budget)

Definition:

Under direction, to do a variety of difficult clerical and typing work; to take shorthand notes and to transcribe them on a typewriter; to do difficult and complex budget work requiring interpretation of procedures and manuals and compilation of various documents in the public assistance aid authorization process; to prepare related financial and statistical records; to have leadman responsibility for a small group of clerical employees or to assist in the supervision of a larger group; and to do other work as required.

Distinguishing Characteristics:

Employees in the Clerk series of classes provide typing, stenographic, and other clerical services. They also relieve social work staff of the clerical and computational detail in producing and processing client budgets for all types of assistance programs.

Positions which need a specialized skill are designated by the class specialty subtitles. In addition to the minimum qualifications which apply to the class, some of these positions may have specialized requirements as listed.

The level of positions is determined by the difficulty and complexity of the assignment as demonstrated by the responsibility for one or more clerical functions, the independence of action in making decisions, the judgment exercised in solving problems in such areas as clerical services, office management, interpretation of categorical and supplemental county manuals, and responsibility for the work of others.

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Distinguishing Characteristics: (Continued)

Clerk III is the top journeyman in the Clerk series. Incumbents are responsible for one or a variety of clerical functions described in the Typical Tasks of this specification.

In the Budget class specialty, employees at this level may be in charge of all or a major part of the budget, fiscal, and statistical clerical work in relatively smaller welfare departments. In larger departments, they may be assigned as assistant supervisors or leadmen over clerical employees, or serve as subject matter specialists in interpreting laws, rules, technical terms, and source documents used in the entire budget and financial records process.

The next higher class of Supervising Clerk I is the first full supervisory level in the Clerk series.

The next lower class of Clerk II is the first journeyman level in the series where assignments are more specific and more supervision is received.

Typical Tasks:

Clerk (General) Reviews cases to determine if all required forms and reports are accurate and complete; examines county records and other sources to ascertain the ownership and value of applicant's or client's cash, property, insurance, and stocks and bonds; visits banks and real estate offices and checks county records to locate property for which there has been insufficient means of identification; verifies payments that applicants or clients may have received under unemployment compensation, retirement, and veteran's compensation programs; prepares reports on investigations according to established procedure.

CLERK III

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Typical Tasks: (Continued)

Maintains case records, central files, personnel records, and other office files; indexes material; pulls material from files and maintains charge-out records; traces data which have been misfiled; assists clients in filling out applications where casework is not a factor; waits on the public, gives out information, and refers callers to staff members.

Assigns, supervises, and reviews the work of a group of clerical workers engaged in performing or assisting in the types of tasks listed above; devises and installs new or revised procedures.

Clerk (Typist) Types material from dictating machine records; completes and types a wide variety of forms requiring information obtained independently; types tables, payrolls, legal documents, and reports; requisitions office and other supplies; interviews vendors for purchase of office supplies or maintenance of equipment.

Clerk (Stenographer) Takes difficult dictation and transcribes it on a typewriter; independently composes and types correspondence; acts as secretary to the welfare director and relieves him of administrative details; makes appointments; gathers information; and answers inquiries personally or by letter.

Clerk (Account) Posts financial data and balances ledgers and journals; maintains statistical and financial records and prepares reports; assists with preparation of regular departmental budget; makes special reports from un-assembled data requiring a knowledge of laws, regulations, procedures, department records, and other sources.

Clerk (Budget) Analyzes budget transmittals or order sheets routed from social work staff; computes budgets for all programs with emphasis on difficult items of property, special needs, income or overpayment problems;

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Typical Tasks: (Continued)

interprets appropriate manual provisions relating to financial matters and discusses problems with social work and administrative staff; keeps financial records and prepares financial and statistical reports as part of the budget authorization function; compiles materials from a variety of source documents such as statements of income and case records which require knowledge of departmental operating policies and procedures; acts in conjunction with other staff members or the county auditor in the preparation of the aid payroll; prepares administrative expense documents; may receive overpayment refunds, issues receipts and deposit funds; lays out and assigns portions of work to clerical employees and gives technical advice and guidance on the completion of the aid budget; assists higher level supervisors in training clerical employees in their duties and responsibilities.

Minimum Qualifications (Required for all positions):

Either I

Two years of experience in the class of Clerk II or a comparable class in the California County Merit System.

Or II

Education: Equivalent to completion of the twelfth grade. (Clerical

stenographic, or typing experience may be substituted for the required education on a year-for-year basis.)

and

Experience: Three years of experience in clerical, stenographic, or typing work. (College or business school training may be substituted for the required experience on a year-for-year basis.)

and

Knowledge of: (1) Current office practices and procedures; (2) Filing methods and business letter writing; (3) Principles and methods of statistical clerical work; and (4) Principles of supervision and training.

CLERK III

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Minimum Qualifications (Continued)

Ability to: (1) Perform a variety of difficult clerical work;
(2) Meet the public courteously and tactfully and to give out information;
(3) Make arithmetical computations; (4) Compile statistical reports; (5) Understand and apply laws, rules, procedures, and policies relating to the work of the department (6) Understand and follow complex instructions (7) Get along well with others (8) Analyze situations accurately and to adopt an effective course of action; (9) Spell and punctuate correctly and to use good English; (10) Compose difficult letters independently; and (11) Plan, assign, and supervise the work of a small group of clerical employees.

Minimum Qualifications by Specialty:

In addition to the above minimum qualifications, the following specialized knowledges and abilities are required for:

Clerk (Typist) Ability to type at a speed of at least 50 words a minute from a manuscript or printed or typewritten material.

Clerk (Stenographer) Typing ability as described above and ability to take dictation at a speed of at least 110 words a minute.

Clerk (Account) Experience as required for Option I or II must have involved financial or statistical record keeping. Knowledge of principles and methods of financial and statistical clerical work. Ability to perform difficult record keeping and statistical clerical work.

Clerk (Budget) Experience and knowledge same as (Account) specialization

and

Knowledge of provisions of categorical aid manuals pertaining to financial data used in computing aid budgets. Ability to understand and interpret laws, rules, policies, and procedures relating to the categorical aid budget process; analyze data accurately.

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SUPERVISING CLERK I (General)
(Account)
(Budget)

Definition:

Under direction in a medium or large county welfare department to plan, organize, and direct the work of a group of clerks engaged in varied clerical work; to perform difficult or unusual clerical work; and to do other work as required.

Distinguishing Characteristics:

Supervising Clerk I is the first full supervisory level in the Clerk series. Positions in this class would typically be found in medium or large welfare departments supervising a relatively small group of clerks performing a variety of clerical functions or a much larger group performing similar or more routine work as described in the Typical Tasks of this specification.

Positions which require a major portion of time to be spent on supervising budget computation or related fiscal and statistical work in the aid authorization process would be allocated to the Budget or Account specialties of this series as appropriate.

The primary function of Clerk (Budget) at this level is the supervision and guidance of a clerical staff of approximately five to ten employees. These supervisory clerks also serve as specialists in assisting social work staff and others to interpret manual revisions on difficult technical financial matters in the aid authorization process.

The next higher class of Supervising Clerk II is found in larger counties or in counties where complexity of program and total responsibility for clerical staff are factors.

SUPERVISING CLERK I

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Distinguishing Characteristics: (Continued)

The next lower class of Clerk III is the highest journeyman level and may supervise or act as leadman over a small group of clerks performing varied clerical work or may act as an assistant supervisor.

The level of positions is determined by the difficulty and complexity of the assignment as demonstrated by the responsibility for one or more clerical functions, the independence of action in making decisions, the judgment exercised in solving problems in such areas as clerical services, office management, interpretation of categorical aid and county manuals; and responsibility for the work of others.

Typical Tasks:

Supervising Clerk I (General) Plans, organizes, assigns, coordinates, and supervises the work of a group of clerical employees engaged in stenographic, typing, record keeping, files maintenance, general clerical work, or meeting the public; reviews and checks the work of subordinates for accuracy and completeness; devises and installs new forms and office procedures; maintains an even flow of work in the clerical department; trains employees and evaluates performance of personnel and takes or recommends appropriate actions; interviews vendors of office supplies, persons interested in clerical employment; coordinates clerical activities; adjusts employee grievances; develops production standards; gives out information to the public and others where judgment, knowledge, and interpretation is required.

Supervises the preparation of personnel documents; interprets to staff departmental rules and manuals of procedure on administrative matters; confers with the welfare director or other departmental staff members on operating problems.

SUPERVISING CLERK I

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Typical Tasks: (Continued)

Supervising Clerk I (Account) Maintains or supervises the maintenance of financial and statistical record controls, such as amounts expended for various aids, case registration, administrative expenditures, and other data; prepares or supervises preparation of monthly financial reports, statistical charts, graphs, maps, and miscellaneous reports; independently writes letters on matters relative to the work of the office; relieves the county welfare director of administrative detail in connection with clerical operations.

Supervising Clerk I (Budget) Supervises the work of clerical employees engaged in computing financial assistance budgets and related fiscal, statistical, and record keeping tasks; reviews budget transmittals or order sheets for correctness of information, applicability of laws and rules, and clarity; discusses budget document problems in areas such as special needs and family composition with administrative or social work staff; supervises or assists in the maintenance of records for authorizing aid payments, investigation of eligibility, deletion of payments from categorical aid budgets, trust fund expenditures, treasurer's deposits, and children's age control; audits pay documents, payrolls, and vouchers for accuracy; prepares or assists in the preparation of administrative expense reports and federal and state advances and expenditure reports; schedules workload to balance work flow; devises improved methods and procedures to expedite work; interprets laws, rules, and technical terms of related work to staff; participates in policy discussion.

Minimum Qualifications (Required for all positions):

Either I

One year of experience in a class of Clerk III or a comparable class in the California County Merit System.

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Minimum Qualifications (Continued)

Or II

Education: Equivalent to completion of the twelfth grade. (Clerical experience may be substituted for the required education on a year-for-year basis.)

and

Experience: Four years of experience in clerical work including at least one year in a supervisory capacity. (College or business school training may be substituted for the required nonsupervisory experience on a year-for-year basis.)

Knowledge of: (1) Current office practices and procedures including filing methods; (2) Report and business letter writing; (3) Principles and methods of statistical and financial clerical work; (4) Job related office machines and appliances; (5) Principles of supervision and training.

Ability to: (1) Plan, organize, and direct the work of a clerical staff; (2) Perform a variety of difficult clerical work; (3) Compile various financial and statistical reports; (4) Understand, interpret, and apply laws, rules, policies, and procedures relating to the work of the department; (5) Meet the public courteously and tactfully and to give out information; (6) Understand and carry out complex instructions; (7) Analyze situations accurately and to adopt an effective course of action; and (8) Maintain cooperative working relationships with other staff members or other agency representatives.

Minimum Qualifications by Speciality:

In addition to the minimum qualifications above, the following specialized knowledges and abilities are required for:

SUPERVISING CLERK I

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Minimum Qualifications by Speciality: (Continued)

Supervising Clerk I (Account) Experience for Options I and II must have involved the maintenance or review of financial or statistical records.

Knowledge of federal, California state and county laws pertaining to the accountability of welfare funds.

Supervising Clerk I (Budget) Same as for (Account) speciality
and

Ability to understand, interpret, and explain laws, rules, policies, and procedures relating to the categorical aid budgeting process; analyze data accurately.

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SUPERVISING CLERK II (General)
(Budget)

Definition:

Under general direction, in a large welfare department, to plan, organize, and direct, through subordinate supervisors, the work of a large group of clerks engaged in difficult, varied clerical work; to do highly difficult or unusual clerical work; and to do other work as required.

Distinguishing Characteristics:

Supervising Clerk II is the highest class in the Clerk series and is found in the larger welfare departments where the size and complexity of the organization require a second level of supervision. Positions in this class are typically responsible for the direction and coordination of a variety of clerical functions which are under the immediate charge of subordinates in lower clerical supervisory classes.

Positions which require a major portion of time to be spent on directing budget computations or related fiscal and statistical work in the aid authorization process would be allocated to the budget specialization of this class. Positions at this level may also exist in smaller welfare departments where wide latitude for independent judgment and decision making is exercised over the financial assistance budgeting and fiscal activities and where additional duties such as responsibility for aid payroll processing, normally performed by other county offices are assigned to this position.

The level of positions is determined by the difficulty and complexity of the assignment as demonstrated by the responsibility for one or more clerical functions, the independence of action in making decisions, the judgment exercised in solving office management problems in such areas as clerical services, interpretation of categorical and supplemental county manuals; and responsibility for the work of others.

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Typical Tasks:

Supervising Clerk II (General) Plans, organizes, coordinates, and directs the work of clerical employees engaged in a variety of clerical, stenographic, typing, and record keeping functions; develops, revises, and installs forms and office procedures; confers with the welfare director and other departmental supervisors on the development of policies and procedures, problems relating to office management, work coordination, and problems on services to the staff.

Recruits, interviews, and selects applicants for clerical employment; evaluates performance of personnel and takes or recommends appropriate actions; participates in staff development programs; adjusts employee grievances.

Coordinates the clerical functions with the work of other departmental units; assists in the preparation of the departmental budget; recommends and requests the purchase of equipment; supervises the maintenance of financial and statistical records; prepares financial and statistical reports and miscellaneous reports; consults with the welfare director on office management operations; dictates letters and reports on matters relative to the general operation of the office; assists in planning space and office layouts.

Supervises the maintenance of personnel records and preparation of personnel documents; develops production and performance standards; develops manuals of procedure on administrative matters; interprets policies, procedures, and rules to departmental staff; meets the public and representatives of other agencies; supervises the maintenance of case records and other office files.

Supervises the ordering of supplies and the maintenance of property inventory records; interviews vendors for the purchase of office supplies or for maintenance of office equipment.

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Typical Tasks: (Continued)

Supervises the making of searches of county records and other sources to determine property ownership and resources of aid recipients or applicants; supervises the clerical aspects of collections work such as overpayments, underpayments and maintenance of pertinent records.

Supervising Clerk II (Budget) Plans, assigns, coordinates, and supervises the work of clerical employees engaged in computing financial assistance budgets and related fiscal, statistical, and record keeping tasks; spot checks authorizations for payment of aid to insure conformity to fiscal regulations; instructs office staff in policies, procedures, and machine operation; discusses budget document problems in areas such as special needs and family composition with administrative or social work staff; formulates requirements to balance the flow of work among a variety of clerical functions; confers with the welfare director and other supervisors on the clerical aspects of policy formulation, procedure development, and problems of service to casework staff; confers with administrative staff on fiscal matters; plans new clerical procedures as needed.

Supervises compilation of administrative expense documents, staff payrolls, and other documents; supervises or assists in the maintenance of records for authorizing aid payments; recruits and selects clerical staff; assists in the development of a clerical training program; assists in the preparation of the welfare department budget; may prepare and issue warrants authorized by the county auditor; performs liaison activities with the county auditor on payments of aid, payment to vendors, and flow of work; dictates correspondence and prepares reports.

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Minimum Qualifications:

Either I

One year of experience in the class of Supervising Clerk I or a comparable class in the California County Merit System.

Or II

Education: Equivalent to completion of the twelfth grade. (Clerical experience may be substituted for the required education on a year-for-year basis.)

and

Experience: Five years of experience in clerical work including at least two years in a supervisory capacity. (College or business school training may be substituted for the required nonsupervisory experience on a year-for-year basis.)

and

Knowledge of: (1) Current office practices and procedures including filing methods; (2) Report and business letter writing; (3) Principles and methods of statistical and financial clerical work; (4) Commonly used office machines; and (5) Principles of supervision and training.

Ability to: (1) Plan, organize, and direct the work of a large clerical staff; (2) Perform a variety of difficult clerical work; (3) Compile various financial and statistical reports; (4) Understand, interpret, and apply laws, rules, policies, and procedures relating to the work of the department; (5) Meet the public courteously and tactfully and to give out information; (6) Understand and carry out complex instructions; (7) Analyze situations accurately and to adopt an effective course of action; (8) Maintain effective working relationships with other staff members or other agency representatives; and (9) Provide effective leadership in staff development.

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Minimum Qualifications by Specialty:

In addition to the minimum qualifications above, the following specialized knowledge and abilities are required for:

Supervising Clerk II (Budget) Experience for Options I and II must have involved the maintenance or review of financial or statistical records.

Knowledge of (1) Provisions of categorical aid manuals pertaining to financial data used in computing aid budgets; (2) Federal, California state, and county laws pertaining to the accountability of welfare funds.

Ability to: Understand, interpret, and explain laws, rules, policies and procedures relating to the categorical aid budgeting process; to analyze data accurately.

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ADDRESSING EQUIPMENT OPERATOR I

Definition:

Under direction to operate various types of automatic or semiautomatic addressing equipment in both the preparation and correction of plates and in the printing of a variety of information from plates, stencils, or other source documents; to perform related clerical work; and to do other work as required.

Typical Tasks:

Operates addressing equipment in the embossing of plates for changes in grants of aid and other client information; prints addresses, code numbers, and grant amounts on envelopes, forms, lists, and cards; makes adjustments to machines such as setting guides and replacing ribbons; occasionally uses machine attachments such as listers and platens for special tasks, assists in maintaining a master deck of addressograph plates, control lists and other files; does miscellaneous clerical work such as sorting notices, statements, and maintaining inventories of supplies and forms; may microfilm records and review film.

Minimum Qualifications:

Education: Equivalent to completion of the 12th grade (additional addressing equipment operator experience may be substituted for the required education on a year-for-year basis.

AND

Experience: Six months of full-time paid experience in the operation of addressing equipment machines

AND

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ADDRESSING EQUIPMENT OPERATOR I A

Knowledge of:

- (1) Operating principles of addressing equipment
- (2) Adjustments and maintenance of addressing machine equipment.

Ability to:

- (1) Follow oral and written directions
- (2) Perform general clerical work of average difficulty
- (3) Get along well with others.

Special Ability

Aptitude for and interest in addressing equipment operation.

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ADDRESSING EQUIPMENT OPERATOR I A

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ADDRESSING EQUIPMENT OPERATOR II

Definition:

Under direction, to supervise and assist in the operation of an addressing machine installation employing various types of equipment, to perform related clerical work; and to do other work as required.

Typical Tasks:

Lays out, assigns, and checks work, gives instructions and passes upon problems in connection with supervising and assisting in the operation of various types of addressing equipment such as graphotype and addressograph; maintains prescribed standards of work production; sees that equipment is in proper working order, supervises the maintenance of a master deck of addressograph plates, stencils, and other files; assists machine operators in their work by embossing plates and running listings; trains new employees in machine operations; makes minor repairs and adjustments to the equipment, does related clerical work; prepares reports on work done.

Minimum Qualifications:EITHER I

One year experience in the California County Merit System as an Addressing Equipment Operator I

OR II

Education: Equivalent to completion of the 12th grade (additional addressing equipment operator experience may be substituted for the required education on a year-for-year basis)

AND

Experience: Two years of full-time paid experience in operating addressing machine equipment

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ADDRESSING EQUIPMENT OPERATOR II

AND

Knowledge of:

- (1) Operating principles of addressing machine equipment
- (2) Adjustments and maintenance of addressing machine equipment
- (3) Principles of supervision
- (4) Office methods and practices.

Ability to:

- (1) Operate various types of addressing machine equipment
- (2) Make adjustments and minor repairs to equipment
- (3) Supervise a small group of employees
- (4) Plan and coordinate the work of different types of
addressing machine work
- (5) Analyze situations accurately and to adopt an effective
course of action
- (6) Maintain records and make reports.

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CHIEF FISCAL OFFICER

Definition:

Under administrative direction, to be responsible for technical accounting functions in the establishment and maintenance of accounting and fiscal records for welfare accounting function; to be responsible for budgetary and statistical evaluations and analyses; and to do other work as required.

Distinguishing Characteristics:

Positions in this class typically exist in the larger county welfare departments where the volume and complexity of the accounting, budgetary and statistical work makes it advisable to utilize a trained accountant in developing systems and fiscal controls in accordance with accepted professional accounting techniques. Incumbents in this class are fiscal experts who analyze and interpret fiscal rules and regulations and who install, modify or reconcile accounting systems.

Typical Tasks:

Plans, organizes, directs, and coordinates a staff engaged in accounting, budgetary and statistical work of a county welfare department; trains staff and evaluates performance; provides consultation advice, and guidance on more difficult technical accounting problems; prepares or assists in preparing the departmental budget by assembling and directing the compilation of financial data; reviews and presents to the county welfare director monthly financial and statistical analyses on status of funds showing expenditures, balances and relationship to allotments; studies and evaluates account-keeping procedures of the department and develops and installs new and improved systems in accordance with modern accounting principles and practices; evaluates adequacy of fiscal controls in accurately reflecting

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CHIEF FISCAL OFFICER

actual fiscal condition of operations; provides leadership in modifying controls to meet record-keeping needs; reviews laws, legislation, and policies for guidance in performing accounting and fiscal operations; coordinates the methods, procedures and work of the Accounting Section with the social service or other sections; coordinates accounting practices with the county auditor in such items as reconciling records; attends and participates in management staff meetings concerning interpretation of laws, rules and regulations concerning social work programs related to fiscal and accounting functions; confers with county, state and federal officials; signs purchase requisitions in the ordering of supplies and equipment; reviews and dictates correspondence and reports.

Minimum Qualifications:

EITHER I

Education: Equivalent to graduation from college with specialization in accounting

AND

Experience: One year of increasingly responsible experience performing accounting and auditing functions, including supervisory responsibility.

OR II

Education: Completion of a prescribed curriculum in advanced accounting at an accredited college or school of accountancy, including courses in elementary and advanced accounting, cost accounting and business law.

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AND

Experience: Two years of increasingly responsible accounting experience including supervisory experience.

AND

Knowledge of:

- (1) General accounting principles and practices
- (2) Governmental accounting and budgeting
- (3) Federal, state and county laws pertaining to accountability of welfare funds
- (4) Principles of business management, office methods and procedures
- (5) Personnel management and supervision.

Ability to:

- (1) Plan, organize, direct and coordinate work of an accounting section
- (2) Analyze accounting data and draw sound conclusions
- (3) Establish and maintain cooperative relations with those contacted in the work
- (4) Prepare and maintain control of the departmental budget
- (5) Prepare clear and concise statements and reports.

CHIEF FISCAL OFFICER